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BURNS, DOA P.O. Box 1404 Alexandria, VA	7590 08/18 NE, SWECKER & 22313-1404		. I her State addr trans	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
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		THE THE	<u> </u>			(Date)	
APPLICATION NO.	FILING DATE	а тна	FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/614,524	07/08/2003		Greta Arnaut		021565-083	9104	
FITLE OF INVENTION EXPRESSING SAME	I: DNA ENCODING	INSECTICIDAL CRYIE	BF BACILLUS THURING	GIENSIS PROTEI	NS AND RECOMBINANT	HOSTS	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$300	\$0	\$1700	11/20/2006	
- EXAMINER ART UNIT		ART UNIT	CLASS-SUBCLASS				
KUBELIK, ANNE R 1638			800-302000	_			
I. Change of correspondence address or indication of "Fee Address" (37 CFR i.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 11/26/2623 13280.3 (1984).3 (1984).173 13814524				
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) BAYER BIOSCIENCE N.V. Gent, Belgium							
Please check the appropriate assignee category or categories (will not be printed on the patent):							
a. The following fee(s) a	o small entity discount p	ermitted)	A check is enclosed. A payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-4800 (enclose an extra copy of this form).				
a. Applicant claims	us (from status indicated SMALL ENTITY statu	s. See 37 CFR 1.27.			L ENTITY status. See 37 CF		
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Authorized Signature	Ch. 74	Walth Bh	D.	Date Nov	7ember 17, 2006 50,433		
Typed or printed name		r L. North, Ph		Registration No	0.		
This collection of information application. Confident	tion is required by 37 C ality is governed by 35	FR 1.311. The informatio U.S.C. 122 and 37 CFR	n is required to obtain or re 1.14. This collection is esti	etain a benefit by the mated to take 12 m	e public which is to file (and	by the USPTO to process)	

an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of) MAIL STOP ISSUE FEE
Greta Arnaut et al.) Confirmation No.: 9104
Application No.: 10/614,524)
Filing Date: July 8, 2003)
Title: DNA ENCODING INSECTICIDAL CRY1BF BACILLUS THURINGIEN PROTEINS AND RECOMBINANT HOSTS EXPRESSING SAME	sis))

PAYMENT OF ISSUE FEE AND PUBLICATION FEE AND AUTHORIZATION TO CHARGE DEPOSIT ACCOUNT FOR ANY DEFICIENCY

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Attached is an Issue Fee Transmittal form (form PTOL-85). The Director is hereby authorized to charge any fees under 37 C.F.R. §§ 1.18, 1.19, and 1.21 that may be required by the attached Issue Fee Transmittal Form or in connection with the publication of this application, and to credit any overpayment, to Deposit Account No. 02-4800.

This paper is being submitted in duplicate.

Respectfully submitted,

BUCHANAN INGERSOLL & ROONEY PC

Date: November 17, 2006

By: Christopher L. North

Registration No. 50433

P.O. Box 1404 Alexandria, VA 22313-1404 703 836 6620